

October 1 2004 PATENT APPLICATION FEE DETERMINATION RECORD  
Substitute for Form PTO-875

Application or Docket Number  
10607202

CLAIMS AS FILED - PART I					SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)			RATE	FEE	RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA						
BASIC FEE (37 CFR 1.16(a))						\$395		\$790
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =			x \$9 =		x \$18 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =			x \$44 =		x \$88 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$150 =		+ \$300 =	
					TOTAL		TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
AMENDMENT A	Total (37 CFR 1.16(c))	34	Minus	35	x \$9 =		x \$18 =	
	Independent (37 CFR 1.16(b))	2	Minus	2	x \$44 =		x \$88 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$150 =		+ \$300 =	
					TOTAL ADD'L FEE		TOTAL ADD'L FEE	
AMENDMENT B	Total (37 CFR 1.16(c))		Minus	**	x \$9 =		x \$18 =	
	Independent (37 CFR 1.16(b))		Minus	***	x \$44 =		x \$88 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$150 =		+ \$300 =	
					TOTAL ADD'L FEE		TOTAL ADD'L FEE	
AMENDMENT C	Total (37 CFR 1.16(c))		Minus	**	x \$9 =		x \$18 =	
	Independent (37 CFR 1.16(b))		Minus	***	x \$44 =		x \$88 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$150 =		+ \$300 =	
					TOTAL ADD'L FEE		TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

8733.838,00

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	35	
OR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	35 minus 20 =	* 15
DEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

If the difference in column 1 is less than zero, enter "0" in column 2 \*

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## SMALL ENTITY

TYPE ☐

OR

## OTHER THAN

SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	270
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

## SMALL ENTITY

ADDIT. FEE

OR

## OTHER THAN

SMALL ENTITY

RATE	ADDIT. FEE		RATE	ADDIT. FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDIT. FEE		RATE	ADDIT. FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDIT. FEE		RATE	ADDIT. FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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